

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3985

BIRTH NO. _____		REG. DIST. NO. <u>16</u>		PRIMARY REG. DIST. NO. <u>4030</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden City</u>			
c. LENGTH OF STAY (In this place) <u>2 years</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EFFIE</u>		b. (Middle) <u>E.</u>		c. (Last) <u>STEPHENS</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>15</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Mar. 13, 1892</u>		9. AGE (In years last birthday) <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Jerico Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>I. F. Stephens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>I. F. Stephens - Golden City, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Cardiac Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days -</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>10</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g.: in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-13</u> , 19 <u>49</u> , to <u>2-15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-15</u> , 19 <u>49</u> , and that death occurred at <u>10:20</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Raymond A. Carlson M.D.</u>		23b. ADDRESS <u>Golden City, Mo</u>		23c. DATE SIGNED <u>2-18-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anna-Edna Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jerico Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Hazel H. Pugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam L. Penney Jr.</u>		ADDRESS <u>Shanfield Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8

District File Number 349-224

Date Filed 3-3-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Sam E. Seneaney Jr

Licensed Embalmer No. 4099

P. O. Address *Greenfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.